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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>KOREA,<br>REPUBLIC<br>OF | SHEETS    | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
|---------------------------------|--|---|-----------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | DRAWING 6 | 1               | 1                     |
| Verified and Acknowledged       | Examiner's Signature   | Initials  |           |                 |                       |

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## TITLE

Two-incision minimally invasive total hip arthroplasty

|                 |   |  |
|-----------------|---|--|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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